



Indiana State Board of Nursing

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Indianapolis, Indiana 46204

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Governor Mitchell E. Daniels, Jr.

### **ANNUAL REPORT FOR PROGRAMS IN NURSING**

**Guidelines:** An Annual Report, prepared and submitted by the faculty of the school of nursing, will provide the Indiana State Board of Nursing with a clear picture of how the nursing program is currently operating and its compliance with the regulations governing the professional and/or practical nurse education program(s) in the State of Indiana. The Annual Report is intended to inform the Education Subcommittee and the Indiana State Board of Nursing of program operations during the academic reporting year. This information will be posted on the Board's website and will be available for public viewing.

**Purpose:** To provide a mechanism to provide consumers with information regarding nursing programs in Indiana and monitor complaints essential to the maintenance of a quality nursing education program.

**Directions:** To complete the Annual Report form attached, use data from your academic reporting year unless otherwise indicated. An example of an academic reporting year may be: August 1, 2011 through July 31, 2012. Academic reporting years may vary among institutions based on a number of factors including budget year, type of program delivery system, etc. Once your program specifies its academic reporting year, the program must utilize this same date range for each consecutive academic reporting year to insure no gaps in reporting. You must complete a **SEPARATE report** for each PN, ASN and BSN program.

This form is due to the Indiana Professional Licensing Agency by the close of business on October 1st each year. The form must be electronically submitted with the original signature of the Dean or Director to: [PLA2@PLA.IN.GOV](mailto:PLA2@PLA.IN.GOV). Please place in the subject line "Annual Report (Insert School Name) (Insert Type of Program) (Insert Academic Reporting Year). For example, "Annual Report ABC School of Nursing ASN Program 2011." The Board may also request your most recent school catalog, student handbook, nursing school brochures or other documentation as it sees fit. It is the program's responsibility to keep these documents on file and to provide them to the Board in a timely manner if requested.

Indicate Type of Nursing Program for this Report: PN\_\_\_\_\_ ASN\_\_\_\_\_ BSN\_\_X\_\_

Dates of Academic Reporting Year: 10/01/2012 to 9/30/2013

Name of School of Nursing: Western Governors University – Indiana  
Department of Nursing, College of Health Professions

Address: 10 West Market Street, Suite 1020, Indianapolis, IN 46204

Dean/Director of Nursing Program:

Name and Credentials: Margaret (Peggy) Keen, RN, MSN

Title: State Director of Nursing Email: [pkeen@wgu.edu](mailto:pkeen@wgu.edu)

Nursing Program Phone #: 877-435-7948 (toll free) Fax: 317-423-3246

Website Address: [www.indiana.wgu.edu](http://www.indiana.wgu.edu)

Social Media Information Specific to the SON Program (Twitter, Facebook, etc.):

[www.facebook.com/wgu.edu](http://www.facebook.com/wgu.edu) [not specific to nursing]

CCNE: March 14-16, 2011. The Board acted to continue the accreditation of the baccalaureate degree nursing program through June 30, 2014 -- the original term of accreditation that was granted by the Board at its April 2009 meeting. Interim report approved April 28, 2012. Next site visit: December 3-6, 2013; one site visitor will visit Indianapolis on December 3. Currently writing Self-Study Report.

If you are not accredited by NLNAC or CCNE where are you at in the process? WGU's nursing programs are accredited by CCNE.

## SECTION 1: ADMINISTRATION

Using an "X" indicate whether you have made any of the following changes during the preceding academic year. For all "yes" responses you must attach an explanation or description.

- |   |                       |
|---|-----------------------|
| 1) Change in ownership, legal status or form of control   | Yes _____ No <u>X</u> |
| 2) Change in mission or program objectives  | Yes <u>X</u> No _____ |
| 3) Change in credentials of Dean or Director  | Yes <u>X</u> No _____ |
| 4) Change in Dean or Director   | Yes _____ No <u>X</u> |
| 5) Change in the responsibilities of Dean or Director   | Yes _____ No <u>X</u> |
| 6) Change in program resources/facilities   | Yes _____ No <u>X</u> |
| 7) Does the program have adequate library resources?  | Yes <u>X</u> No _____ |
| 8) Change in clinical facilities or agencies used (list both additions and deletions on attachment) | Yes <u>X</u> No _____ |
| 9) Major changes in curriculum (list if positive response)  | Yes _____ No <u>X</u> |
| ▪ See attachment for minor changes  |                       |

## SECTION 2: PROGRAM

1A.) How would you characterize your program's performance on the NCLEX for the most recent academic year as compared to previous years? Increasing \_\_\_\_\_ Stable \_\_\_\_\_ Declining \_\_\_\_\_

Note: Indiana WGU has no nursing graduates to date; the first graduating class will be November 2013. Nationally, WGU overall NCLEX pass rate for the 2010 test plan is 84.91%. Pass rate to date for the 2013 test plan is 88.89%.

1B.) If you identified your performance as declining, what steps is the program taking to address this issue? N/A

2A.) Do you require students to pass a standardized comprehensive exam before taking the NCLEX?  
Yes   X   No \_\_\_\_\_

2B.) If **not**, explain how you assess student readiness for the NCLEX. \_\_\_\_\_

2C.) If **so**, which exam(s) do you require?

ATI Comprehensive Predictor is incorporated into the final term of the program.

2D.) When in the program are comprehensive exams taken: Upon Completion:   X    
As part of a course:   X   Ties to progression or thru curriculum:   X  

2E.) If taken as part of a course, please identify course(s):

- Caring Arts and Sciences Across the Lifespan (CASAL) I
- Chronic Care
- Care of the Developing Family
- Nursing Care of Children
- Psych/Mental Health
- Community Health
- Nursing Role Transition – Comprehensive Predictor

3.) Describe any challenges/parameters on the capacity of your program below:

A. Faculty recruitment/retention: We have been able to fully staff all teaching positions, including theory, lab and clinical.

B. Availability of clinical placements: Clinical partnerships support clinical placements; partners have been integrally involved in facilitating the coach-based learning model through coach recruitment, collaboration in planning and debriefing post clinical experiences, and planning future clinical needs.

C. Other programmatic concerns (library resources, skills lab, sim lab, etc.): Skills labs have been exceptionally supported through our partnership with Ivy Tech Community College with contractual arrangements for faculty, lab access, and resources. Library resources are robust in the WGU online environment.

4.) At what point does your program conduct a criminal background check on students?

Criminal background checks are conducted during the Pre-nursing term prior to admission to the Clinical Nursing Program.

5.) At what point and in what manner are students apprised of the criminal background check for your program? Potential students are able to view all admission requirements, including the criminal background check requirement, on the WGU website. Additionally, after enrollment into the Pre-Nursing Term, students receive a letter further delineating the requirements for admission into the Clinical Nursing Program and the process for submission of background checks, drug screens and other required documentation.

### SECTION 3: STUDENT INFORMATION

1.) Total number of students admitted in academic reporting year: (see explanation below)

Summer\_\_\_\_\_ Fall\_\_\_\_\_ Spring\_\_\_\_\_

WGU-IN does not admit in the traditional semester format. Our terms are six months long and we admit approximately every seven months for each cohort location. The following groups have been admitted:

October 2012                      IN006 7 students admitted (Hancock Regional/Henry County home cohort)

January 2013                      IN007 8 students admitted (VA Medical Center home cohort)

May 2013                              IN008 9 students admitted (Wishard-Eskenazi Health home cohort)

August 2013                      IN009 10 students admitted (VA Medical Center home cohort)

2.) Total number of graduates in academic reporting year: First graduates pending October 31, 2013

3.) Please attach a brief description of all complaints about the program, and include how they were addressed or resolved. For the purposes of illustration only, the CCNE definition of complaint is included at the end of the report. No complaints filed.

4.) Indicate the type of program delivery system:

Semesters\_\_\_\_\_ Quarters\_\_\_\_\_ Other (specify):\_\_6 month terms\_\_\_\_\_

### SECTION 4: FACULTY INFORMATION

A. Provide the following information for **all faculty new** to your program in the academic reporting year (attach additional pages if necessary):

<b>Faculty Name:</b>	Kendra Barber
<b>Indiana License Number:</b>	28110578A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	06/17/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Course Mentor/Faculty: Caring Arts and Sciences Across the Lifespan II

<b>Faculty Name:</b>	Marilyn Lashlee
<b>Indiana License Number:</b>	Application complete, pending receipt of license
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	05/06/2013
<b>Highest Degree:</b>	DNP
<b>Responsibilities:</b>	Course Mentor/Faculty: Chronic Care of the Adult

<b>Faculty Name:</b>	Mary Sizemore
<b>Indiana License Number:</b>	28153379A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	6/21/2011 (changed to course mentor role 2013)
<b>Highest Degree:</b>	MSM
<b>Responsibilities:</b>	Course Mentor/Faculty: Psych/Mental Health

<b>Faculty Name:</b>	Samara Robertson
<b>Indiana License Number:</b>	Application complete, pending receipt of license
<b>Full or Part Time:</b>	FT

<b>Date of Appointment:</b>	03/18/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Course Mentor/Faculty: Health Assessment

<b>Faculty Name:</b>	Michael Kirkland
<b>Indiana License Number:</b>	28206220A
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	03/18/2013 (date of change to course mentor role)
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Nutrition for Contemporary Society

<b>Faculty Name:</b>	Sandra Frankie
<b>Indiana License Number:</b>	Application complete, pending receipt of license
<b>Full or Part Time:</b>	FT
<b>Date of Appointment:</b>	01/02/2013
<b>Highest Degree:</b>	MSN
<b>Responsibilities:</b>	Course Mentor/Faculty: Care of the Older Adult

B. Total faculty teaching in your program (Prelicensure BSN only) in the academic reporting year:

1. Number of full time faculty: 8
2. Number of part time faculty: 0
3. Number of IN full time clinical faculty: 0
4. Number of IN part time clinical faculty/instructors:
  - a. Clinical instructors: 8 (MSN)
  - b. Lab instructors: 9 (MSN)
5. Number of IN adjunct faculty/clinical coaches: 52

C. Faculty education, by highest degree only (teaching Prelicensure BSN only):

1. Number with an earned doctoral degree: 2
2. Number with master's degree in nursing: 5
3. Number with BSN + master's degree in related field: 1
4. Number with baccalaureate degree in nursing: Clinical Coaches PT IN only: 43
5. Other credential(s). Please specify type and number:
  - a. Clinical Coaches PT IN only: ASN and > 3 years clinical experience: 9
  - b. Sim Techs (Simulation Lab) PT IN only: 4

D. Given this information, does your program meet the criteria outlined in **848 IAC 1-2-13**?

Yes   X   No           

E. Please attach the following documents to the Annual Report in compliance with **848 IAC 1-2-23**:

1. A list of faculty no longer employed by the institution since the last Annual Report:

Carma Miller

2. An organizational chart for the nursing program and the parent institution.

Attached separately

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I hereby attest that the information given in this Annual Report is true and complete to the best of my knowledge. This form **must** be signed by the Dean or Director. No stamps or delegation of signature will be accepted.



9/30/2013

Signature of Dean/Director of Nursing Program

Date

Margaret (Peggy) Keen

Printed Name of Dean/Director of Nursing Program

Please note: Your comments and suggestions are welcomed by the Board. Please feel free to attach these to your report.

Definitions from CCNE:

### **Potential Complainants**

A complaint regarding an accredited program may be submitted by any individual who is directly affected by the actions or policies of the program. This may include students, faculty, staff, administrators, nurses, patients, employees, or the public.

### **Guidelines for the Complainant**

The CCNE Board considers formal requests for implementation of the complaint process provided that the complainant: a) illustrates the full nature of the complaint in writing, describing how CCNE standards or procedures have been violated, and b) indicates his/her willingness to allow CCNE to notify the program and the parent institution of the exact nature of the complaint, including the identity of the originator of the complaint.

The Board may take whatever action it deems appropriate regarding verbal complaints, complaints that are submitted anonymously, or complaints in which the complainant has not given consent to being identified.



### **Attachment 1: Change in credentials of Dean or Director**

Program Director: Peggy Keen, MSN, RN - No change

Chief Nursing Officer and National Director College of Health Professions, Western Governors University: Jan Jones-Schenk DHSc, RN, NE-BC - Earned Doctorate in Health Sciences 2013

### **Attachment 2: Mission Statement Revision**

In March 2013 the WGU Nursing Faculty updated the departmental mission statement to be more student-centric and to include our Promise Statement to our students:

The mission of the Department of Nursing is to:

*Make a positive difference in the lives of our students and the practice of nursing, primarily through a professionally supported, competency based and personalized student-focused learning model that assists working adults achieve success in educational goals and a sustained professional commitment. The Department of Nursing is committed to the formation of confident, caring, and competent professional nurses prepared to meet emerging healthcare needs of diverse populations.*

The WGU Department of Nursing promises to help our students develop the cognitive knowledge, ethical comportment and clinical reasoning skills required of a professional nurse so that they may become safe, competent practitioners. We will:

- Embrace diversity
- Commit to individual student success
- Support on-time progression and graduation
- Treat students in a fair and equitable manner
- Ensure individualized response to student needs
- Communicate respectfully and in a timely manner
- Advocate for the students through all aspects of the learning experience
- Collaborate with national and community leaders in academia and industry
- Be accountable for the quality and integrity of the nursing education programs
- Provide relevant and innovative educational resources delivered when and where needed

### **Attachment 3: Clinical Site Additions**

1. Wayne County Community Health Center
  - Psych/Mental Health
2. Riggs Community Health Center
  - Psych/Mental Health
3. Terre Haute Regional Hospital (contract signed, placements anticipated 2014)

#### Attachment 4: Summary of Curricular Revisions 2012-13

##### Curriculum Revisions Prelicensure BSN Program

Revised Courses	Rationale
Nutrition for Contemporary Society	Course revision: Revised to enhance wellness focus and integrate new nutrition science and tools to better prepare nurses to address prevalent and growing health problems related to nutrition.
Nursing Role Transition Leadership Experience	Course revision: Revised leadership competencies component incorporated into Role Transitions course just prior to finishing the program.
Information Management and the Application of Technology	Course revision: Revised to reflect the rapidly increasing use of technology in healthcare today including EHRs, CPOEs and role of nurses in evaluating and implementing these direct care technologies.
Applied Health Care Statistics and Analysis	Course revision: Revised/redeveloped to align math competencies with areas relevant to nursing practice and better support use of evidence in nursing practice.
<b>New Courses Developed and Implemented in Curriculum</b>	
Health Assessment/ Applied Health Assessment	Content previously integrated; pulled out as stand-alone course with application component and enhanced focus on wellness, non-acute physical assessment, health interviewing and critical observation with application to acute as well as non-acute care settings.
Care of the Older Adult	Some content previously integrated, created as a stand-alone course. The aging of the U.S. population makes knowledge about Older Adults more critical to contemporary nursing practice. Course incorporates AACN (2012) Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults.
Professional Portfolio	Previously integrated informally; pulled out as a stand-alone project. The Professional Portfolio provides an opportunity for students to develop a useful portfolio to assist with job applications or further educational advancement. Incorporated into Roles Transition term.
<b>Total Competency Units in Program = no change</b>	<b>Prelicensure BSN Program remains 120 competency units as CUs were shifted among existing/relevant courses with no increase in program length or total CUs.</b>

Attachment 5: Organizational Charts

Attached separately.